

A05-0043

APR 23 2001

JUL 25 2001



*Application Form*

LANSING CLEANERS

Name of facility

Name of parent company (if any)

18210 TORRENCE AVE

Street address

Street address (cont.)

LANSING, IL 60438

City/State/Zip code

Give us information about your contact person for the  
National Environmental Achievement Track Program.

Name TOM USTANIK

Title OWNER

Phone 1-708-474-2459

Fax 1-708-474-5320

E-mail LCCLEANERS@AOL.COM

**Why do we need this information?**

EPA needs background information on your facility to evaluate your application.

**What do you need to do?**

- Provide background information on your facility.
- Identify your environmental requirements.

1 What do you do or make at your facility?

I) DRYCLEANING FOR  
GENERAL PUBLIC

II) FIRE RESTORATION OF  
GENERAL PUBLIC GARMENTS

2 List the Standard Industrial Classification (SIC) codes or North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

SIC

7216

NAICS

3 Does your company meet the Small Business Administration definition of a small business for your sector?

☒ Yes

No

4 How many employees (full-time equivalents) currently work at your facility?

Fewer than 50

☒ 50-99

100-499

500-1,000

More than 1,000

Section A, continued

- 5 Does your facility have an EPA ID number(s) ?

☒ Yes

No

If yes, list in the right-hand column.

1LD025582628

- 6 Identify the environmental requirements that apply to your facility. Use the Environmental Requirements Checklist, at the back of the instructions, as a reference. List your requirements to the right or enclose a completed Checklist with your application.

checklist

- 7 Check the appropriate box in the right-hand column.



I've listed the requirements above.

I've enclosed the Checklist with my application.

- 8 Optional: Is there anything else you would like to tell us about your facility?

USE Liquid CO<sub>2</sub> DRYCLEANING  
MACHINE, WBT CLEANING,  
CNG POWERED TRUCKS  
"GREEN" LOW MERCURY FLUORESCENT  
LIGHT (T8) AMMONIA ABSORBITION  
REFRIGERATION

# Section B

Tell us about your EMS

## What do you need to do?

- Confirm that your EMS meets the Achievement Track requirements.
- Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

1 Check yes if your EMS meets the requirements for each element below as defined in the instructions.

a. Environmental policy ☒ Yes

b. Planning ☒ Yes

c. Implementation and operation ☒ Yes

d. Checking and corrective action ☒ Yes

e. Management review ☒ Yes

2 Have you completed at least one EMS cycle (plan-do-check-act)? ☒ Yes

3 Did this cycle include both an EMS and a compliance audit? ☒ Yes

4 Have you completed an objective self-assessment or third-party assessment of your EMS? ☒ Yes

If yes, what method of EMS assessment did you use?

Self-assessment

☒ GEMI

☒ CEMP

☒ Other

CONSULTANT

Third-party assessment

☒ ISO 14001 Certification

☒ Other

### Why do we need this information?

Facilities need to show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

achievements  
commitments

### What do you need to do?

Refer to the Environmental Performance Table in the Instructions to answer questions 1 and 2.

- 1 Describe your past achievements for at least two environmental aspects. If you need more space than is provided, attach copies of this page.

**Note to small facilities:** If you qualify as a small facility as defined in the instructions, you need to report past achievement for at least one environmental aspect.

### First aspect you've selected

What aspect have you selected?	What was the previous level (2 years ago)?	What is the current level?
	PER MONTH	PER MONTH
	Quantity	Quantity
	Units	Units
HAZARDOUS Solid WASTE	78 GAL OF PERC WASTE	52 GAL OF PERC WASTE
i. How is the current level an improvement over the previous level?		
78 GALS ON 7600 lbs of CLEANING (PER MONTH)		
52 GALS ON 8800 lbs of CLEANING (PER WEEK)		
ii. How did you achieve this improvement?		
1400 lbs PER WEEK CO2 CLEANED		
1100 lbs PER WEEK WET CLEANED		
REPLACED ONE PERC DRYCLEANING MACHINE FOR THE ABOVE		

Other Facilities  
UV

## Section C, continued

Second aspect you've selected

*John Lee*

What aspect have you selected? <b>EMISSIONS OF NO<sub>x</sub></b>	What was the previous level (2 years ago)? Quantity: <b>424.8</b> Units: <b>lbs</b>	What is the current level? Quantity: <b>231.6</b> Units: <b>lbs</b>
<p>i. How is the current level an improvement over the previous level?</p> <p><b>6250 GALS OF GASOLINE NOT USED, REPLACED by CNG Fuel PRODUCING 193.2 lbs Less of NO<sub>x</sub> EMISSIONS</b></p> <p>ii. How did you achieve this improvement?</p> <p><b>CNG Fueled STEPVANS (FOUR UNITS)</b></p>		

- 2 Select at least four environmental aspects (no more than two from any one category) from the Environmental Performance Table in the instructions and then tell us about your future commitments. If you need more space than is provided, attach copies of this page.

**Note to small facilities:** If you are a small facility, you need to make commitments for at least two environmental aspects in two different categories.

First aspect you've selected *Energy*

a. What is the aspect?

b. Is this aspect identified as significant in your EMS?

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

d. What is the level you are committing to achieve over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

e. How will you achieve this improvement?

TOTAL ENERGY USE

☒ Yes

☐ No

☐ Option A:  
Absolute value

15735 KW  
(Quantity/Units)

☐ Option B:  
In terms of units  
of production  
or output

                      
(Quantity/Units)

☒ Option A:  
Absolute value

14477 Kw  
(Quantity/Units) **(8%)**

☐ Option B:  
In terms of units  
of production  
or output

NEW cleaning Equipment  
using VFD motor system

Second aspect you've selected *NOx*

a. What is the aspect?

b. Is this aspect identified as significant in your EMS?

☒ Yes

☐ No

EMISSIONS of NOx

Second aspect continues on the next page.

## Section C, continued

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

☒ Option A:  
Absolute value

231.6 lbs of  
(Quantity/Units) Nox

☒ Option B:  
In terms of units  
of production  
or output

(Quantity/Units)

d. What is the level you are committing to achieve over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

☒ Option A:  
Absolute value

167.9 lbs of  
(Quantity/Units) Nox

☒ Option B:  
In terms of units  
of production  
or output

e. How will you achieve this improvement?

REPLAC TWO STEP VANS WITH  
CNG FUELED STEP VANS  
PRODUCING 63.7 LESS POUNDS  
OF NOX

Third aspect you've selected

HAZARDOUS Solid Waste

a. What is the aspect?

HAZARDOUS Solid Waste

b. Is this aspect identified as significant in your EMS?

☒ Yes ☐ No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

☒ Option A:  
Absolute value

52 GALS PER MONTH  
(Quantity/Units) OF PERC  
WASTE

☒ Option B:  
In terms of units  
of production  
or output

(Quantity/Units)

d. What is the level you are committing to achieve over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

☒ Option A:  
Absolute value

28 GALS per month  
(Quantity/Units) OF PERC  
WASTE

☒ Option B:  
In terms of units  
of production  
or output

e. How will you achieve this improvement?

REPLACEMENT OF (1) PERC  
DRY CLEANING MACHINE



Section C, continued

Fourth aspect you've selected

*John*

a. What is the aspect?

HAZARDOUS MATERIALS Use

b. Is this aspect identified as significant in your EMS?

☒ Yes ☐ No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

☒ Option A:  
Absolute value

62 GALS PER MONTH  
(Quantity/Units)  
PERC

☐ Option B:  
In terms of units  
of production  
or output

(Quantity/Units)

d. What is the level you are committing to achieve over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

☒ Option A:  
Absolute value

38 GAL PER MONTH  
(Quantity/Units)  
PERC

☐ Option B:  
In terms of units  
of production  
or output

e. How will you achieve this improvement?

REPLACEMENT OF ONE  
PERC DRYCLEANING MACHINE

# Section D

Tell us about your public outreach and reporting.

Why do you not tell us about your outreach?

all the outreach activities and then we would not be able to  
offer an appropriate response. You should have  
appropriate mechanisms in place to identify community  
concerns and respond to them. We should not be a source of  
information on your outreach activities.

What do you need to do?

- Describe your approach to public outreach.
- List three references who are familiar with your facility.

- 1 How do you identify and respond to community concerns?

ADVERTISE OUR ENERGY & EMISSION  
SAVING "EX. TRUCK STATE USE OF  
CNG" TRADE PAPERS  
RADIO "BY WWW.LOE.ORG (RADIO  
PROGRAM)

- 2 How do you inform community members of important matters that affect them?

ADVERTISING & NEW RELEASE  
TALK AT SCHOOLS & COMMUNITY  
GROUPS

- 3 How will you make the Achievement Track Annual Performance Report available to the public?

☒ Website www  
☒ Newspaper ☒  
☒ Open Houses ☒  
☒ Other  
PUBLICATION IN TRADE  
JOURNALS

# Section D, continued

4. Are there any ongoing citizen suits against your facility?

☐ Yes

☒ No

If yes, describe briefly in the right-hand column.

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5 List references below.

	Organization	Name	Phone number
Representative of a Community/ Citizen Group	South Shore CLEAN CITIES	DEBRA McFELLARD PARKER	1-219 844-7699
State/Local regulator	EPA	HENRY NAOUR	1-217 782-2113
Other community/local reference	OAK Glen School	SALLY REYNOLDS	1-708 474-1714

# Section E

## Application and Participation Statement

On behalf of \_\_\_\_\_  
[my facility],

I certify that

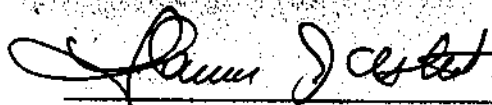
I have read and agree to the terms and conditions, as specified in the *National Environmental Achievement Track Program Description* and in the *Application Instructions*;

- I have personally examined and am familiar with the information contained in this Application, (including, if attached, the *Environmental Requirements Checklist*). The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Achievement Track EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements, in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable federal, state, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Achievement Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date



7.23.01

Printed Name/Title

THOMAS J. USTANK

owner

Facility Name

LANSING CLEANERS

Facility Street Address

18210 TORRENCE AVE

Facility ID Numbers

We've included the following Checklist to help you answer questions in *Section A, Tell us about your facility*. This Checklist will help you identify the *major* federal, state, tribal, and local environmental requirements that apply at your facility, but it is not an exhaustive list of all environmental requirements that may be applicable at your facility.

If you use this Checklist and choose to submit it with your application, fill in your facility information below and enclose the completed Checklist with your application.

#### **Air Pollution Requirements**

*Check all that apply.*

- ☒ 1. National Emission Standards for Hazardous Air Pollutants (40 CFR 61)
- ☒ 2. Permits and Registration of Air Pollution Sources
- ☐ 3. General Emission Standards, Prohibitions, and Restrictions
- ☐ 4. Control of Incinerators
- ☐ 5. Process Industry Emission Standards
- ☐ 6. Control of Fuel Burning Equipment
- ☐ 7. Control of VOCs
- ☐ 8. Sampling, Testing, and Reporting
- ☐ 9. Visible Emissions Standards
- ☐ 10. Control of Fugitive Dust
- ☐ 11. Toxic Air Pollutants Control
- ☒ 12. Vehicle Emissions Inspections and Testing

*Other (you must list these)*

- ☐ 13. Other Federal, State, Tribal, or Local Regulations not listed above.

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#### **Hazardous Waste Management Regulations**

*Check all that apply.*

- ☒ 1. Identification and listing of hazardous waste (40 CFR 261)
  - ☐ -Characteristic waste
  - ☐ -Listed Waste

- ☒ 2. Standards Applicable to Generators of Hazardous Waste (40 CFR 262)
- ☒ -Manifesting
  - ☐ -Pre-transport requirements
  - ☒ -Record-keeping/Reporting
- ☐ 3. Standards Applicable to Transporters of Hazardous Waste (40 CFR 263)
- ☐ -Transfer facility requirements
  - ☐ -Manifest system and Record-keeping
  - ☐ -Hazardous waste discharges
- ☐ 4. Standards for Owners and Operators of TSD Facilities (40 CFR 264)
- ☐ -General facility standards
  - ☐ -Preparedness and prevention
  - ☐ -Contingency plan and emergency procedures
  - ☐ -Manifest system, record-keeping, and reporting
  - ☐ -Groundwater protection
  - ☐ -Financial requirements
  - ☐ -Use and management of containers
  - ☐ -Tanks
  - ☐ -Waste piles
  - ☐ -Land treatment
  - ☐ -Incinerators
- ☐ 5. Interim Standards for TSD Owners and Operators (40 CFR 265)
- ☐ 6. Interim Standards for Owners and Operators of New Hazardous Waste Land Disposal Facilities (40 CFR 267)
- ☐ 7. Administered Permit Program (Part B) (40 CFR 270)

Other (you must list these)

- ☐ 8. Other Federal, State, Tribal, or Local Regulations not listed above.
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### Hazardous Materials Management

Check all that apply.

- ☐ 1. Control of Pollution by Oil and other Hazardous Substances (33 CFR 153)
- ☐ 2. Designation of Reportable Quantities and Notification of Hazardous Materials Spill (40 CFR 302)
- ☐ 3. Hazardous Materials Transportation Regulations (49 CFR 172-173)
- ☒ 4. Worker Right-to-Know Regulations (29 CFR 1910.1200)
- ☐ 5. Community Right-to-Know Regulations (40 CFR 350-372)

Other (you must list these)

- ☐ 6. Other Federal, State, Tribal, or Local Regulations not listed above.

\_\_\_\_\_  
\_\_\_\_\_

### Solid Waste Management

Check all that apply.

- ☐ 1. Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257)
- ☐ 2. Permit Requirements for Solid Waste Disposal Facilities
- ☐ 3. Installation of Systems of Refuse Disposal
- ☐ 4. Solid Waste Storage and Removal Requirements
- ☐ 5. Disposal Requirements for Special Wastes

Other (you must list these)

- ☐ 6. Other Federal, State, Tribal, or Local Regulations not listed above.

\_\_\_\_\_  
\_\_\_\_\_

### Water Pollution Control Requirements

Check all that apply.

- ☐ 1. Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112)
- ☐ 2. Designation of Hazardous Substances (40 CFR 116)
- ☐ 3. Determination of Reportable Quantities for Hazardous Substances (40 CFR 117)
- ☐ 4. NPDES Permit Requirements (40 CFR 122)
- ☐ 5. Toxic Pollutant Effluent Standards (40 CFR 129)
- ☐ 6. General Pretreatment Regulations for Existing and New Sources (40 CFR 403)

Name of POTW \_\_\_\_\_  
ID # of POTW \_\_\_\_\_

- ☐ 7. Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414)
- ☐ 8. Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415)
- ☐ 9. Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416)
- ☐ 10. Water Quality Standards
- ☐ 11. Effluent Limitations for Direct Dischargers
- ☐ 12. Permit Monitoring/Reporting Requirements
- ☐ 13. Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants
- ☐ 14. Collection, Handling, and Processing of Sewage Sludge
- ☐ 15. Oil Discharge Containment, Control, and Cleanup
- ☐ 16. Standards Applicable to Indirect Discharges (Pretreatment)

Other (you must list these)

- ☐ 17. Other Federal, State, Tribal, or Local Regulations not listed above.

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### Drinking Water Regulations

Check all that apply.

- ☐ 1. Underground Injection and Control Regulations, Criteria, and Standards (40 CFR 144, 146)
- ☐ 2. National Primary Drinking Water Standards (40 CFR 141)
- ☐ 3. Community Water Systems Monitoring and Reporting Requirements (40 CFR 141)
- ☐ 4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources
- ☐ 5. Underground Injection Control Requirements
- ☐ 6. Monitoring, Reporting, and Record-keeping Requirements for Community Water Systems

Other (you must list these)

- ☐ 7. Other Federal, State, Tribal, or Local Regulations not listed above.

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### Toxic Substances

Check all that apply.

- ☐ 1. Manufacture and Import of Chemicals, Record-keeping, and Reporting Requirements (40 CFR 704)
- ☐ 2. Import and Export of Chemicals (40 CFR 707)
- ☐ 3. Chemical Substances Inventory Reporting Requirements (40 CFR 710)
- ☐ 4. Chemical Information Rules (40 CFR 712)
- ☐ 5. Health and Safety Data Reporting (40 CFR 716)
- ☐ 6. Pre-manufacture Notifications (40 CFR 720)
- ☐ 7. PCB Distribution Use, Storage, and Disposal (40 CFR 761)
- ☐ 8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762)
- ☐ 9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775)

Other (you must list these)

- ☐ 10. Other Federal, State, Tribal, or Local Regulations not listed above.

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### Pesticide Regulations

Check all that apply.

- ☐ 1. FIFRA Pesticide Use Classification (40 CFR 162)
- ☐ 2. Procedures for Storage and Disposal of Pesticides and Containers (40 CFR 165)
- ☐ 3. Certification of Pesticide Applications (40 CFR 171)
- ☐ 4. Pesticide Licensing Requirements
- ☐ 5. Labeling of Pesticides
- ☐ 6. Pesticide Sales, Permits, Records, Application, and Disposal Requirements
- ☐ 7. Disposal of Pesticide Containers
- ☐ 8. Restricted Use and Prohibited Pesticides

Other (you must list these)

- ☐ 9. Other Federal, State, Tribal, or Local Regulations not listed above.

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**Environmental Clean-up, Restoration, and Corrective Action**

- ☐ 1. Comprehensive Environmental Response, Compensation, and Liability Act (Superfund). Please identify.

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- ☐ 2. RCRA Corrective Action

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- ☐ 3. Other Federal, State, Tribal, or Local Environmental Clean-up, Restoration, Corrective Action Regulations Not Listed Above.

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**Facility name:**

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**Facility location:**

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**Facility ID numbers:**

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